

<u>EXAMPLE</u> OF AN ORDER 1155 FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires XXXXX		PAGE 1 OF 1					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302 and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
1. CONTRACT/PURCH ORDER NO GS07T00BGD0003			2. DELIVERY ORDER NO		3. DATE OF ORDER 2/1/00		4. REQUISITION PURCH REQUEST NO		5. PRIORITY				
6. ISSUED BY Contracting Contact Name Agency Name, Address, City, State & Zip			CODE UIC/DODAAC		7. ADMINISTERED BY (If other than Item 6) Fill in, if applicable			CODE S1103A		8. DELIVERY FOR <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR CAGE CODE ON4T5 SkyTel Govt. Sales, GSA Greater Southwest Region Paging Contract 1350 I ("Eye") Street NW, Ste 1100 Washington, D.C. 20005, fax# 202-336-5360 SkyTel remittance address: Attn.: Accounts Receivable, SkyTel Corporation P. O. Box 3887, Jackson, MS 39207			FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)			12. DISCOUNT TERMS		13. MAIL INVOICES TO			
14. SHIP TO User Group Contact Name, Agency Name, Address, City, State & Zip			CODE										
16 TYPE OF ORDER		DELIVERY xx		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your QUOTE: 1#67913 dated 1/20/00 furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE Contracting Office issuing order enter appropriate accounting & appropriation data in this block.													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ ACCEPTED		21. UNIT		22. UNIT PRICE		23. AMOUNT	
1.06		2-Way Bundle LEASE				10		8mo		\$45.44/mo		\$3,635.20	
15.31		SkyNews Headline News, 2-Way				10		8mo		\$0.00/mo		\$0.00	
15.72		Message block overcalls ESTIMATE				100		8mo		\$.08/ea		\$64.00	
8.01		800/888 per-Call Surcharge from Payphones				50		8mo		\$.30/ea		\$120.00	
4.02		Operator Dispatch Msgs ESTIMATE				100		8mo		\$.55/ea		\$440.00	
9.01		Teleconference Training, 2-Way (1-time fee)				10		1mo		\$0.00/ea		\$0.00	
15.01		Service Activation fee, 2-Way (1-time fee)				10		1mo		\$21.25/ea		\$212.50	
4.01		Operator Dispatch Activation (1-time fee)				10		1mo		\$4.25/ea		\$42.50	
82		FCC Universal Service Fund Fee, 1.5%				1		8mo		1.5% per mo		subtotal \$4,514.20 \$67.71	
83		User Fee, 2% of all charges <i>Shipping and Handling (n/c if use 2-day economy)</i>				1		8mo		2% per mo		subtotal \$4,581.91 \$91.64 total \$4,673.55	
actual quantity accepted below quantity ordered and encircle.						CONTRACTING/ORDERING OFFICER				29. DIFFERENCES			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED						27. SHIP NO		28. DO VOUCHER NO		30. INITIALS			
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER			
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER										35. BILL OF LADING NO			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO			